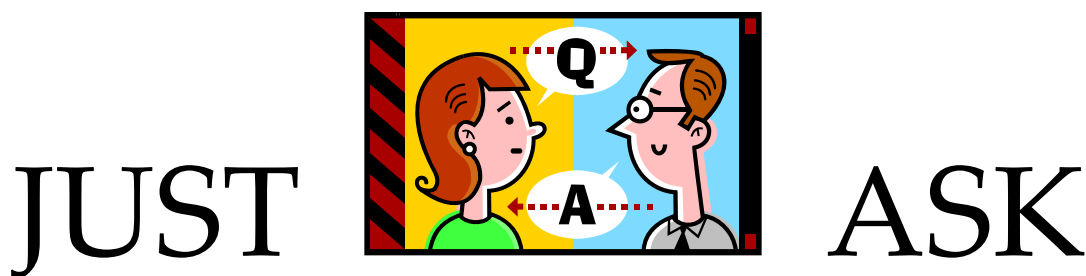


Michigan Department of Community Health



- ✓ **A**lways ask **MEDICAID BENEFICIARIES** for their other insurance information and verify coverage at every visit.
- ✓ **S**eek information from family members of **MEDICAID BENEFICIARIES**.
- ✓ **K**eep asking. Obtaining the other insurance information will reduce billing issues and may result in higher reimbursement rates.

REMEMBER:

Many Medicaid Beneficiaries have private commercial insurance, and **MEDICAID is the payer of last resort**. The Eligibility Verification System is a very useful tool. Enhance your knowledge by asking the beneficiary or parent for all insurance information at the point of service.

❖ **SUPPORT LEGAL COMPLIANCE**

Section I of the Coordination of Benefits Chapter in the Medicaid Provider Billing Manual states: “Federal regulations require that all identifiable financial resources should be utilized prior to Medicaid.” This (these) service(s) should be billed as soon as possible to any potential other insurance carrier(s).”

❖ **SAVES TIME AND EFFORT**

This makes billing easier by eliminating the frustration of receiving rejections from Medicaid when a commercial carrier is responsible for payment.

❖ **IMPROVES MEDICAID CLAIMS RESPONSES**

When billing Medicaid **ALWAYS** be sure to indicate the other insurance payment on your Medicaid claim.

NOTE

Please send changes and newly identified commercial insurance to:
TPL_Health@michigan.gov